

Clark County Regional Support Network Policy Statement

Policy No.: QM23
Policy Title: Availability of Services
Effective Date: November 1, 2004

Policy: Clark County Regional Support Network (CCRSN) shall ensure that all services covered under the Washington State plan are available and accessible to Medicaid consumers who meet eligibility criteria for mental health services.

CCRSN shall maintain and monitor a sufficient network of qualified providers sufficient to provide adequate access to all services covered under its contracts. CCRSN is obligated to provide medically necessary mental health services outside of the provider network if the needed service is not available within the network or within CCRSN access standards and if it is a covered service within the Medicaid state benefits plan.

Reference: CFR 42 Subpart D, CMS Waiver, Washington Mental Health Division RSN Contract, CCRSN Policies and Procedures: CM01 Utilization Management, CCRSN Utilization Management Plan, CM04 Authorization for Outpatient Services, CM19 Authorization for Inpatient Services, QM05 Element of Care Clinical Guidelines, QM09 Access Standards, QM10 Wait List, QM16 Consumer Satisfaction

Procedure:

Network Sufficiency

1. CCRSN shall monitor service capacity in its provider network by reviewing data related to capacity and access including the following indicators:
 - a) Medicaid enrollment and penetration rate;
 - b) Medicaid consumers' utilization of services (actual and expected);
 - c) The numbers and types (in terms of training, experience and specialization) of providers available to deliver contracted Medicaid services;
 - d) The geographic location of providers and Medicaid consumers, considering distance, travel time, the means of transportation ordinarily used, and whether service locations provide physical access for Medicaid consumers with disabilities;
 - e) Complaints and grievances;
 - f) Access (timeliness for routine, urgent and emergent service requests);
 - g) Consumer satisfaction;
 - h) Critical incidents involving access to service concerns
2. CCRSN shall establish baseline data for network sufficiency and identify performance thresholds for the purpose of assessing network sufficiency. Data shall be reviewed on an established schedule at a


minimum of a quarterly basis and presented to the CCRSN Leadership Team and CCRSN Quality Management Committee.

3. The CCRSN Quality Management Committee shall identify opportunities for quality improvement when network sufficiency indicator data show trends above or below established performance thresholds.

Out of Provider Network Referrals

If a consumer requires medically necessary and covered mental health services that the provider network is unable to provide, or provide within CCRSN access timeframes, CCRSN shall pay for services outside its provider network until the network is able to provide them. Contractors outside the CCRSN network must meet all state and federal requirements.

- a) The consumer, legal guardian, or provider may make a verbal or written request for a referral to a CCRSN Care Manager.
- b) The CCRSN Care Manager shall review the request and attempt to match the consumer's needs with other providers within the CCRSN network.
- c) If the Care Manager is unable to make a referral within the CCRSN provider network, the request for referral shall be reviewed with the CCRSN Medical Director or a CCRSN mental health professional as designee.
- d) The review shall be based on medical necessity and clinical presentation of symptoms, behavior, and functioning.
- e) Notice of determination shall be communicated to the consumer and/or provider within the following timeframes:
 1. Urgent or Emergent need- within 24 hours
 2. Routine need- within 7 calendar days
- f) Upon approval of a request, the out-of-network provider requests authorization for medically necessary services using CCRSN eligibility criteria.
- g) CCRSN shall pay for authorized services at no cost to the consumer.
- h) It is the responsibility of the network provider agency making the referral to procure and pay for the approved service. CCRSN will reimburse the provider within the RSN provider network for the cost of procuring the approved service.
- i) The service hours must be reported in the MIS data system and the network provider will be reimbursed through the standardized cost per hour rate structure unless a different hourly rate is approved with the initial request.

Approved By: 
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Date: 7/6/05